- (1			IHE	DIAMO	N OF HE	ALIH OF MISSO	WKI			0004			
' ∥	FILED JAI	V 26 1951	STAN	NDARD	CERTIF	ICATE OF DE	ATH	State F	ile No	2804			
В	IIRTH NO		REG. DI	ST. NO	<u>318</u>	PRIMARY REG. DIST	. но1(003 Registr	ar's No	279			
	I. PLACE OF DEA	ATH	-		,	2. USUAL RESI	BOUTI	Where depended live b. COUN	d. If insti TY	tution: residence before admission			
	b. CITY (If outside so TOWN St.		RURAL and gi	rehip) C. I	ENGTH OF Y (in this place)	c. CITY (If outside o	Lou1		give towns	2-099			
	d. FULL NAME OF A HOSPITAL OR INSTITUTION	if not in hospital or 1438 E.			d. STREET (If rural, stre location) ADDRESS 1438 E. Grand								
-:	3. NAME OF DECEASED (Type or Print)	a. (First) ESTHER		b. (Mid	dle)	c. (Last) MEYERS		4. DATE (1 OF DEATH Jan	Month)	(Day) (Year) 1950			
•	A	color or race White	7. MARRII WIDOW W100	ED, NEVER ED, DIVORC	MARRIED, ED (Specify)	8 DATE OF BIRTH Aug. 8, 1	858	9. AGE (In years	UF UNDER I				
10	0a. USUAL OCCUPATIO done during most of world At home	ON (Give kind of wor) ng life, even if retired) B	10b. KIND	OF BUSIN	ESS OR IN- DUSTRY	11. BIRTHPLACE (8th	OUDLIN)	2. CITIZEN OF WHA COUNTRY? USA					
	Ba. FATHER'S NAME Unknown			Unkno	R'S MAIDEN		14. NA	e of HUSBAND 101 Meye	–				
()	5. WAS DECEASED EVE Yes. no. or unknown) (If	R IN U.S. ARMED	FORCES?	i6. SOCIAL	SECURITY NO.	17. INFORMANT				ADDRESS			
E	B. CAUSE OF DEATH Inter only one cause per ne for (a), (b), and (c) *This does not mean	I. DISEASE OR O DIRECTLY LEAD ANTECEDENT O	CAUSES	ПН*(a)	Fart	EBTIFICATION WWW.	can u	dia		INTERVAL BETWEEN ONSET AND DEATH			
as ete	he mode of dying, such s heart failure, asthenia, c. It means the dis-	Morbid condition rise to the above the underlying co	cause (a) stati	ng DUE TO ng DUE TO	0	walled),,,	- pund	2-	>			
	nee, injury, or complica- on which caused death.	II. OTHER SIGN Conditions controlled to the dise	==	DITIONS				·		4201			
	a. DATE OF OPERA- TION	19b. MAJOR FIN								20. AUTOPSY?			
21	Ia. ACCIDENT SUICIDE HOMICIDE	(Spacify)	21b. PLACEO home, farm, fac	FINJURY (e story, street, of	.g., in or about fice bidg., etc.)	21c. (CITY, TOWN, OF	R TOWNSHIP	r) (COU	NTY)	- (STATE)			
21	Id. TIME (Month) OF INJURY	(Day) (Year)	WH		OCCURRED OT WHILE	21f. HOW DID INJUR	Y OCCUR?		ý				
22	I hereby certify t	hat I attended			courred at	1-45 Pm., 500	Occil	219 The		saw the deceased			
23	a. SIGNATURE	un,	Mu	(Deg	ree or title)	23b. ADDRESS	39 a	ul Cu	اميي	23c. DATE SIGNED			
24 T1	BURIAL, CREMA ION, BENOVAL (Breats)	1/11/	/51		in ai (emetery	st.		vo.				
D/	ATE AND BY LOCAL 1: 195	REGISTRAR'S	SIGNATURE	sste		EMILEN MIS	MAIN	MC-52	16 D	eline i			
				(Licensed	Embalmer's S	tatement on Reverse Si	ide)						

STATEMENT BY LICENSED EMBALMER

 легору	ccitiy	шас	ine body	мпозе паш	is re	согаеа	on the	: reverse	side d	erdt 10	certificate	was	embalmed	by	me,	OL	by
 	•••				·····					,							
											. .	~					

working under my personal supervision.

Signed Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.